

**In the United States Court of Federal Claims**  
**OFFICE OF SPECIAL MASTERS**

**No. 06-0784V**

**Filed: 28 April 2009**

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ELIZABETH HANLEY,

Petitioner,

v.

SECRETARY OF HEALTH AND  
HUMAN SERVICES,

Respondent.

\* \* \* \* \*

**UNPUBLISHED DECISION<sup>1</sup>**

*Michael T. McDonnell, III, Esq.*, Kutak Rock, Philadelphia, Pennsylvania, for Petitioner;  
*Traci R. Patton, Esq.*, United States Department of Justice, Washington, D.C., for Respondent.

**DECISION ON ENTITLEMENT  
BASED UPON THE WRITTEN RECORD**

**ABELL**, Special Master:

On 20 November 2006, the Petitioner filed a petition for compensation under the National Childhood Vaccine Injury Act of 1986 ("Vaccine Act" or "Act"),<sup>2</sup> alleging that she suffered symptoms of chronic headaches, chronic fatigue syndrome, arthralgia and/or fibromyalgia, and that such was related to the administration of a Hepatitis A vaccination on 1 December 1998. Amended

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<sup>1</sup> This opinion constitutes my final "decision" in this case, pursuant to 42 U.S.C. § 300aa-12(d)(3)(A). Therefore, unless a motion for review of this decision is filed within 30 days after the time given herein to Petitioner to make such filing has elapsed, the Clerk of this Court shall enter judgment in accord with this decision. Moreover, Petitioner is reminded that, pursuant to 42 U.S.C. § 300aa-12(d)(4) and Vaccine Rule 18(b), a petitioner has 14 days from the date of decision within which to request redaction "of any information furnished by that party (1) that is trade secret or commercial or financial information and is privileged or confidential, or (2) that are medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of privacy." Vaccine Rule 18(b). Otherwise, "the entire decision" may be made available to the public per the E-Government Act of 2002, Pub. L. No. 107-347, 116 Stat. 2899, 2913 (Dec. 17, 2002).

<sup>2</sup> The statutory provisions governing the Vaccine Act are found in 42 U.S.C. §§300aa-10 et seq. (West 1991 & Supp. 1997). Hereinafter, reference will be to the relevant subsection of 42 U.S.C.A. §300aa.

Petition (Pet.) at 2. As an alleged vaccine-related injury, Petitioner demanded compensation for these alleged injuries. Pet. at 1. This Court is jurisdictionally invested with the task of determining whether Petitioner is entitled to compensation. Due to the lack of substantiating proof of the types statutorily-required and amounting to a preponderance of the evidence, the Court denies compensation.

## **I. PROCEDURAL HISTORY**

Petitioner was represented by able counsel, and filed all of the relevant medical records relating to Petitioner's alleged condition. See Petitioner's Exhibits ("Pet. Ex.") 1-35. Respondent filed its Report, pursuant to Rule 4(c), on 26 June 2008, denying entitlement to compensation. After sincere attempts throughout calendar year 2007 (and into 2008) to engage a thoroughgoing, explanatory medical expert to opine in support of the Petition, Petitioner moved on 8 May 2008 for a ruling on the written record, and the Court hereby grants that motion.

## **II. FACTUAL RECORD**

Petitioner had a history of back pain in the lower and right scapular region when she visited her chiropractor on 29 July 1997, adding that she had experienced similar symptoms before. Pet. Ex. 3 at 93, 103-06. On 1 December 1998, Petitioner was administered the Hepatitis A vaccine at issue. *Id.* at 93. The next day, Petitioner underwent a routine gynecological examination and did not complain of any symptoms. Pet. Ex. 3 at 87.

Petitioner returned to her chiropractor on 15 December 1998 experiencing right shoulder and neck soreness, and again on 7 January 1999 noting "a lot of headaches lately. Pet. Ex. 3 at 87. She began visiting the chiropractor weekly, continuing to complain of headaches. Pet. Ex. 5 at 107. At her last visit to the chiropractor, he proposed that the Hepatitis A vaccination at issue may have triggered her symptoms of pain. Pet. Ex. 5 at 110.

On 5 February 1999, Petitioner visited her primary care physician, complaining of her "headaches for the past month" and a "funny feeling" in the back of her head. Pet. Ex. 3 at 87. He noted her family history of migraine headaches. *Id.* A consultation with a neurological specialist on 1 March 1999 related that Petitioner had gotten a new eyeglass prescription on 18 December 1998 that was followed by "a very strange sensation in the back of her head in the early morning hours of 8 January 1999. Pet. Ex. 11 at 146. The neurologist concluded that Petitioner suffered from a viral syndrome, some symptoms of anxiety, and that her condition could be attributed to "tension type headache." *Id.* at 143-46.

In the period that followed, Petitioner began also to experience fatigue symptoms that ebbed and flowed, apparently responding to medication; however, she found that her headaches persisted, relatively unabated. Pet. Ex. 10 at 121-23. At a visit on 18 May 2000, the history given by

Petitioner indicated that her constellation of symptoms began five weeks after the administration of the Hepatitis A vaccination, a temporally-delayed onset that the doctor found to undercut an aetiology of vaccine causation. Pet. Ex. 14 at 174-75. No neurologic disease was detected at a visit on 5 June 2000. *Id.* at 173.

At a rheumatology consultation on 5 July 2000, the consulting rheumatologist concluded that a causal connection between the vaccination and the symptoms encountered was not supported by evidence. Pet. Ex. 15 at 179. He proposed that Petitioner suffered from fibromyalgia or chronic fatigue syndrome, but not autoimmune or inflammatory rheumatic disease. *Id.* A later visit to the same doctor was not clinically supportive of the fibromyalgia diagnosis, however. Pet. Ex. 15 at 180.

As of 1 December 2005, Petitioner still complained of facial, neck, and TMJ pain, leading to diagnoses of chronic fatigue syndrome, chronic headaches of unknown cause, and TMJ syndrome. Pet. Ex. 17 at 194-95.

### **III. DISCUSSION**

This Court is given jurisdiction to award compensation for claims where the medical records or medical opinion have demonstrated by preponderant evidence that either a listed Table Injury occurred within the prescribed period or that an injury was actually caused by the vaccination in question. § 13(a)(1). For certain categories of vaccines, the Vaccine Injury Table lists specific injuries and conditions, which, if found to occur within the period prescribed therein, create a rebuttable presumption that the vaccine(s) received caused the injury or condition. §14(a). The vaccine which Petitioner alleges to have caused her condition(s) was the Hepatitis A vaccine, listed under category XIII on the Vaccine Table. Hepatitis A vaccine is associated on the Vaccine Table with no specific injuries or time periods, and thus Petitioner bears the burden of proving actual causation of any injury claimed to be related to that vaccine. 42 C.F.R. § 100.3(a).

In this case, the medical records mention, but do not sufficiently support a causative connection between the Trivalent Influenza vaccination claimed to have been administered and the injuries suffered under an actual causation burden of proof. Under the statute, the Court cannot grant a petitioner compensation based solely on the petitioner's asseverations. Rather, the petition must be supported by either medical records or by the opinion of a competent physician. 42 U.S.C. § 300aa-13(a)(1). Here, because the medical records do not manifestly support the petitioner's claim of vaccine causation, a medical opinion must be offered in support. No medical expert opinion report was filed by Petitioner to support the claims of causation within the Petition to a preponderance of the evidence, and Petitioner therefore did not surmount the standard set by the settled law on this point. Accordingly, the information on the record extant does not show entitlement to an award under the Program.

A petition may prevail if it can be demonstrated to a preponderant standard of evidence that the vaccination in question, more likely than not, actually caused the injury or condition complained

of. See § 11(c)(1)(C)(ii)(I) & (II); *Grant v. Secretary of HHS*, 956 F.2d 1144 (Fed. Cir. 1992); *Strother v. Secretary of HHS*, 21 Cl. Ct. 365, 369-70 (1990), *aff'd*, 950 F.2d 731 (Fed. Cir. 1991). The Federal Circuit has indicated that, to prevail, every petitioner must:

show a medical theory causally connecting the vaccination and the injury. Causation in fact requires proof of a logical sequence of cause and effect showing that the vaccination was the reason for the injury. A reputable medical or scientific explanation must support this logical sequence of cause and effect.

*Grant*, 956 F.2d at 1148 (citations omitted); *see also Strother*, 21 Cl. Ct. at 370.

Furthermore, the Federal Circuit recently articulated an alternative three-part causation-in-fact analysis as follows:

[A petitioner's] burden is to show by preponderant evidence that the vaccination brought about [the] injury by providing: (1) a medical theory causally connecting the vaccination and the injury; (2) a logical sequence of cause and effect showing that the vaccination was the reason for the injury; and (3) a showing of a proximate temporal relationship between vaccination and injury.

*Althen v. Secretary of HHS*, 418 F.3d 1274, 1278 (Fed. Cir. 2005).

Under this analysis, while Petitioner is not required to propose or prove definitively that a specific biological mechanism can and did cause the injury leading to Petitioner's condition, he must still proffer a plausible medical theory that causally connects the vaccine with the injury alleged. *See Knudsen v. Secretary of HHS*, 35 F.3d 543, 549 (1994).

Of importance in this case, it is part of Petitioner's burden in proving actual causation to "prove by preponderant evidence both that [the] vaccinations were a substantial factor in causing the illness, disability, injury or condition and that the harm would not have occurred in the absence of the vaccination." *Pafford v. Secretary of HHS*, 451 F.3d 1352, 1355 (2006) (emphasis added), citing *Shyface v. Secretary of HHS*, 165 F.3d 1344, 1352 (Fed. Cir. 1999). This threshold is the litmus test of the cause-in-fact (a.k.a. but-for causation) rule: that the injured party would not have sustained the damages complained of, *but for* the effect of the vaccine. *See generally Shyface, supra*.

Here, Petitioner has not filed medical records or offered medical expert testimony to proffer, let alone explain, a "medical theory causally connecting the vaccination [to] the injury." Certainly absent was a detailed analysis of the Record to indicate a "logical sequence of cause and effect showing that the vaccination was the reason for the injury." As such, Petitioner has not offered a theory of causation as such, but this is certainly not due to lack of opportunity to present a medical expert opinion, *Q.E.F.* There has not been demonstrated to the Court a "a logical sequence of cause and effect showing that the vaccination was the reason for the injury," *Q.E.D.* *See Althen, supra*.

In short, Petitioner has not met the burden of proof set forth in the Act.<sup>3</sup> Petitioner has not presented a sufficient amount of evidence required by the Act in the form of corroborative medical records, and failed to account for the contrary explanations set forth in the medical records that contradicted their contentions.

#### **IV. CONCLUSION**

Therefore, in light of the foregoing, no alternative remains for this Court but to **DISMISS** this petition with prejudice. In the absence of the filing of a motion for review, filed pursuant to Vaccine Rule 23 within 30 days of this date, the clerk shall forthwith enter judgment in accordance herewith. **IT IS SO ORDERED.**

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**Richard B. Abell**  
Special Master

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<sup>3</sup> See *Raley v. Secretary of HHS*, No. 91-0732, 1998 WL 681467 (Fed. Cl. Spec. Mstr. Aug. 31, 1998) (stating “[t]he requirement that [a] petitioner[‘s] claims must be supported either by medical records or medical expert opinion simply addresses the fact that the special masters are not medical doctors, and, therefore, cannot make medical conclusions or opinions based upon facts alone”); *Bernard v. Secretary of HHS*, No. 91-1301, 1992 WL 101097 (Fed. Cl. Spec. Mstr. Apr. 24, 1992) (“The medical significance of the facts testified to by the lay witnesses must be interpreted by a medical doctor, who, in turn, expresses the opinion either that a compensable Table injury has occurred or that the vaccine in question actually caused the injury complained of. If such an opinion appears in the medical records, then it is unnecessary to call a retained expert witness in order to establish a prima facie case; if, on the other hand, the medical records do not provide such substantiation, then a petitioner must retain a medical doctor who, upon review of the entire record, concludes that it is more likely than not that a compensable injury has occurred.”).